

Paediatric Orthopaedics and Global Initiative for Children's Surgery

Global burden of surgical disease and attendant morbidity and mortality has received much attention in the recent past from the World Health Organization and the Lancet Commission on Global Surgery.^[1-3] This has led to several initiatives in the last 2 years by the global surgical community to address the relevant issues. Among them is a coalition of children's surgery organizations, led by American Paediatric Surgery Association and British Association of Paediatric Surgeons, who are working to bring together the providers and the implementers of surgical services for children in low- and medium-income countries. The coalition consists of health, advocacy and policy experts from the western world. Two meetings of this Global Initiative for Children's Surgery (GICS) have taken place with the aim of analysing the current state of the surgical care; develop priorities to improve its delivery and identify and bring together needed resources.^[4] The dream of GICS is that every child in the world with a surgical need will have access to the resources necessary to optimise his or her individual care.^[4]

India has the largest child population in the world. Similar to other developing countries, we have a very wide range of causes including acute, chronic and neglected problems, with many of them being amenable to surgical treatment. The few centres providing high-quality specialised paediatric surgical care are concentrated in the metropolises, and inadequately trained non-paediatric specialists are available to address these problems in the community. Despite the success of a few focussed programs, such as 'Smile Train' for cleft lip and palate and the collaborative program between CURE International, India and several state governments for clubfoot conservative treatment and bracing, much of the surgical needs of the children in the community remain unaddressed because of the lack of adequate infrastructure to support children's surgery, service delivery systems and trained manpower. The supporting services such as paediatric anaesthesia, intensive care, nursing and orthotics also lack infrastructure and trained personnel. Adequate planning at national and regional levels requires paediatric-specific determination of burden of illnesses in different areas such as congenital, neuromuscular disorders, trauma and oncology.

Rashtriya Bal Swasthya Karyakram, a new initiative by the Government of India, envisages the screening of all children and adolescents for key medical and surgical

conditions and their referral and treatment by the existing healthcare providers in public and private sectors. However, in the existing system, the lack of paediatric surgical specialists forms a crisis, wherein identified children are unable to access or obtain quality care, and those suffering from complex conditions do not receive comprehensive care. The lack of a triaging system burdens the tertiary care referral centres with routine surgical conditions, which are best handled at secondary levels, causing overcrowding.

The paediatric orthopaedic community is a major stakeholder in the development of surgical services in the country. Our help, along with other paediatric surgical specialists, is required in needs assessment in the area of infrastructure, service delivery and manpower. A specialist organization such as paediatric orthopaedic society can do these in addition to setting up appropriate standards of care for different conditions, triaging systems by level of hospital, standardizing training programs and identifying areas of research. They can also be great advocates for children's surgery and attract funding and resources. The baseline demographic studies can be used to determine optimal resources such as the number of children's hospitals required for the population served. The other important areas are the standardization of equipment to be made available for children's need and integration of infrastructure needs into national children's surgical plan. They can also promote preventive strategies such as improved prenatal diagnosis and health promotion and rehabilitation.

While GICS is setting up the needs assessment and standards for infrastructure, healthcare delivery and processes and personnel at all levels of care, we can join hands with them and other paediatric surgical colleagues to provide the appropriate inputs and help build up systems and best practices to provide safe affordable surgical care for children.

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